



Virg Bernero, Mayor

LANSING PARKS AND RECREATION

INFLATABLE RENTAL REQUEST: MOONWALK

Rental Request Details

Today's Date: _____

Name and Address of Requesting Organization/ Responsible Agent: _____

Phone Number: _____ Email: _____

Name of Alternate Contact: _____ Phone Number: _____

Event Date: _____ Event Location: _____

Event Title and Description/Purpose: _____

Time you would like the inflatable up and running: _____ to _____
 (Staff will show up 30min before start time to set up inflatable and will take down after the allotted rental time)

	Resident Use within City Limits	Non-Resident Use or Resident Use outside City Limits	
Two hour rental	\$150	\$225	Amount Due:
Additional hours needed: _____	\$50/each	\$75/each	
Total	_____	_____	_____

Rental Agreements

I, _____, agree to provide two(2) separate 20amp, 110volt outlets **ON SEPARATE CIRCUITS**, within 100 feet of the inflatable, or provide my own generator to provide power for this inflatable. I agree that if there is not sufficient power supplied by myself/organization to run this inflatable, that Lansing Parks and Recreation is not responsible to provide me with power of any kind unless otherwise agreed upon in a separate agreement.

Signature of Representative

I, _____, agree to be responsible for the conduct of our group and for damages to the equipment I am renting. I also agree to arrange operation times with Lansing Parks and Recreation staff and to notify the staff of any significant change. I understand that failure to meet any of these obligations may result in charges to cover damaged equipment, cancellation of reservations and denial of any future rental privileges.

Signature of Representative

Refund Policy – 30 Days prior to use, full refund, less \$10 service charge. Within 30 days to use, no refunds. Full refund for inclement weather as long as canceled an hour before event.

Return to: Schmidt Community Center, Attn: Marcus Wells 5825 Wise Rd Lansing, MI 48911
 Phone: 517-483-4290 or 517-881-1919; Fax: 517-882-3457 or email to: marcus.wells@lansingmi.gov

Office Use Only

Payment Method (Check One):

- ☐ Cash ☐ Check (# _____)
- ☐ Money Order (# _____)
- ☐ Credit Card: Visa/MasterCard/Discover
- Last 4 #'s - _____

Date Paid: _____

Amount: _____

Amount Due: _____